

# **Legislative Health and Human Services Committee**

## **Input on Restructuring and Topics for Future Consideration**

### **Presentation to the Government Restructuring Task Force**

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## **Legislative Health and Human Services Committee (LHHS): Restructuring Opportunities**

- Consolidate waiver programs, administration and financing within one department.
- Look at restructuring the personal care option program and other home and community-based services programs to take advantage of new provisions in the Patient Protection and Affordable Care Act (PPACA).
- Transfer medical care operations in prisons to the University of New Mexico (UNM) Health Sciences Center in order to take advantage of the pharmacy 340B discounts.
- Maximize use of UNM's Project ECHO and other telehealth programs and training.
- Restructure the State Workforce Development Board to ensure representation for health professional work force needs.
- Adopt a structure to consolidate all health care administration and financing:
  - consider models that have already been developed in other states that could meet New Mexico's needs;
  - review and incorporate, as appropriate, past work done in this area by the Insure New Mexico Council and others; and
  - review and incorporate, as appropriate, recommendations in the 2009 SJM 1 Health Care Services Common Interests report on this topic.
- Consolidate Interagency Benefits Advisory Committee (IBAC) agencies in insurance purchasing as well as procurement; require IBAC entities to adopt the following recommendations from the 2009 SJM 1 report:
  - use one third-party-administrator, services-only contract for all IBAC entities;
  - implement a common enrollment process;
  - determine and utilize a common data-reporting year and a common plan year;
  - link web sites to facilitate information sharing;
  - conduct joint outreach and marketing;
  - enter into a common contract for actuarial services to conduct a cost-benefit analysis of consolidation; and
  - enter into a common contract for actuarial services for the plans.

### **Topics to be Presented and Debated at Future LHHS Meetings That Relate to Restructuring Within the Context of the PPACA**

- Implement an "all-payer claims database" to centralize health care data.
- Implement reimbursement reform by establishing accountable care organizations, bundled payment arrangements and expansion of the medical home model of service delivery.

- Require collaboration and cooperation among institutions of higher learning in health professional work force training.
- Rate regulation and insurance reform, including possible moving or consolidation of rate review and health insurance regulation activities to another agency or new entity.
- Creation of a health insurance exchange as provided in the PPACA:
  - consider the appropriate role and responsibility of an exchange, including regulation of the market, consumer outreach and education, seamless interface with Medicaid, other health care financing functions that could be included in an exchange, where an exchange should be located, etc.;
  - consider the potential of building on the work already done by the Lovelace Clinic Foundation on internet connectivity; and
  - explore opportunities for partnering with other states to implement an exchange on a regional basis.

### **General Comments That Reflect Early Consensus Among LHHS Members**

- Restructuring should not be implemented solely for the purpose of restructuring. Move slowly. Restructuring should only be done after a careful and deliberative process.
  - Do not merge the Aging and Long-Term Services Department with the Human Services Department.
  - Stay away from consolidation that increases the burden on vulnerable populations.
  - Look at consolidating boards and commissions that serve health and human services agencies before cuts are made to vulnerable populations.
- The LHHS should be proactive in recommending legislation to implement the PPACA.
- Recognize that the HCRWG will be bringing legislative recommendations to the LHHS.

